

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-5199 787

SL 27646

-62-008028

STATE FILE NUMBER

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2281

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

915 N. Grand, St. Louis, Mo.

Length of stay in 1b

26 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

5242 Terry Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EDDIE

FENNELL

4. DATE

OF
DEATH

Month

Day

Year

February

24

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/12/10

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brinkley, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Oscar Fennell

13b. MOTHER'S MAIDEN NAME

Carrie Anderson

14. NAME OF HUSBAND OR WIFE

Cormora Fennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Cormora Fennell (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIO RESPIRATORY FAILURE

INTERVAL BETWEEN ONSET AND DEATH

5 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF THE ESOPHAGUS

1 YEAR

DUE TO (c)

150 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INANITION SECONDARY TO CARCINOMA OF THE ESOPHAGUS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/29/62

to 2/24/62

and last saw him alive on 2/24/62

Death occurred at 2:25 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

WILLIAM A. BURKE, M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

2/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-28-62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Russell Funeral Home, 2707 N. Grand

FEB 26 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

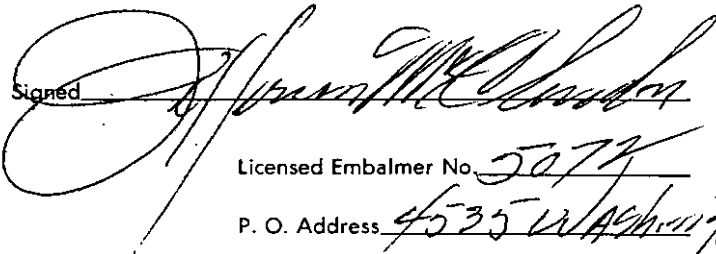
DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 5072
P. O. Address 4535 Wagon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.